



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO
PUBLIC EMPLOYEES RETIREMENT BOARD
P.O. Box 2123, Santa Fe, New Mexico 87504-2123
(505) 827-4670 fax (505) 827-4700 voice
www.state.nm.us/pera

REFUND BENEFICIARY DESIGNATION FORM

Instructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

☐ New form ☐ Change

MEMBER INFORMATION					PLEASE PRINT CLEARLY	
SOCIAL SECURITY NUMBER				DATE OF BIRTH (mm/dd/ccyy)		
FIRST NAME		MI	LAST NAME			
ADDRESS TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING				HOME TELEPHONE NO.		
ADDRESS				BUSINESS TELEPHONE NO.		
				EMAIL ADDRESS		
CITY		STATE	ZIP	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED						
BENEFICIARY INFORMATION						
Person as a Refund Beneficiary						
If you are married and wish to designate someone other than your spouse as the refund beneficiary, the spousal consent below must be signed by him/her.						
NAME	RELATIONSHIP	SSN	DATE OF BIRTH	ADDRESS/PHONE NUMBER		
Organization as a Refund Beneficiary						
ORGANIZATION NAME		ORGANIZATION ADDRESS/PHONE NUMBER		ORGANIZATION TAX ID #		
If I die and no pension is payable under the PERA Act, I designate following the person or organization named above as my refund beneficiary to receive the refund of my member contributions. The first five (5) years of employment and service credit are the most important to have a REFUND BENEFICIARY designation on file at PERA. Under the statute, if you have less than five years of service credit and if your death is not "duty related" (that is, from a job related injury or illness), your contributions will be refunded to your beneficiary in a lump sum. If you have not named a refund beneficiary, the refund amount will be paid to your estate.						
SPOUSAL CONSENT						
I, _____ spouse of _____, consent to						
his/her decision to designate _____ as a refund beneficiary.						
Signature of Member's Spouse _____				Date: _____		
MEMBER AUTHORIZATION						
SIGNATURE OF MEMBER				DATE OF SIGNATURE (mm/dd/ccyy)		
NOTARIZATION OF MEMBER'S SIGNATURE						
State of New Mexico) County of _____) SS: _____						
Subscribed and sworn to (or affirmed) before me on this the _____ day of _____, _____.						
My Commission Expires _____			Notary Public Telephone No: _____			
Notary Signature _____						